

1. Decedent's Legal Name (First, Middle, Last, Suffix) (Include AKA's if any) RICHARD NEHMAN GLUSS						2. Sex <input checked="" type="checkbox"/> MALE	3. Date of Death (Month/Day/Year) AUGUST 17, 2019
4. Social Security Number 296-48-1611	5a. Age (Years) 68	5b. Under 1 Year Months	5c. Under 1 Year Days	5d. Under 1 day Hours	5e. Under 1 minute Minutes	6. Date of Birth (Mo/Day/Year) MARCH 28, 1951	7. Birthplace (City and State or Foreign Country) CLEVELAND, OHIO
8a. Residence State OHIO			8b. County CUYAHOGA			8c. City or Town NORTH OLMSTED	
8d. Street Address and Zip Code 23225 LORAIN ROAD 44070						9. Ever in US Armed Forces? <input checked="" type="checkbox"/> NO	
10. Marital Status at Time of Death DIVORCED (AND NOT REMARRIED)				11. Surviving Spouse's Name (If wife, give name prior to first marriage)			
12. Decedent's Education HIGH SCHOOL GRADUATE OR GED			13. Decedent of Hispanic Origin <input type="checkbox"/> NO		14. Decedent's Race WHITE		
15. Father's Name JOHN GLUSS				16. Mother's Name (prior to first marriage) MAUDE ISAAC			
17a. Informant's Name CHAD MICHAEL GLUSS				17b. Relationship to Decedent SON		17c. Mailing Address (Street and Number, City, State, Zip Code) 26899 LOCUST DRIVE OLMSTED FALLS, OHIO 44138	
18a. Place of Death HOSPITAL - INPATIENT				18c. City or Town, State and Zip Code CLEVELAND, OH 44111		18d. County of Death CUYAHOGA	
18b. Facility Name (If not Institution, give street & number) FAIRVIEW HOSPITAL				19. Funeral Service Licensee or Other Agent THEODORE J KIRSH		20. License Number (of licensee) 008247	
22. Method and Place of Disposition CREMATION - BUSCH CREMATORY, PARMA, OH				21. Name and Complete Address of Funeral Facility BUSCH FUNERAL HOME 7501 RIDGE RD PARMA, OH 44129			
23. Local Registrar Andrea Kacinari				24. Date Filed (Month/Day/Year) 8-22-2019			

26a. Certifier (Check only one)	<input checked="" type="checkbox"/> Certifying Physician To the best of my knowledge, death occurred at the time, date, and place; and due to the cause(s) and manner stated.	<input type="checkbox"/> Coroner or Medical Examiner On the basis of examination and/or investigation, In my opinion, death occurred at the time, date, and place; and due to the cause(s) and manner stated.		
26b. Time of Death 1200	26c. Date Pronounced Dead (Month/Day/Year) B-17-19	26d. Was Case Referred to Medical Examiner or Coroner? <input type="checkbox"/> NO		
26e. Certifier Name and Title Oliver M.D.	26f. License number 35.080070	26g. Date Signed (Month/Day/Year) 08-19-19		
27. Name (First, Middle, Last) and Address of Person who Completed Cause of Death NITIN S. GOVANI, 15644 MADISON AVENUE SUITE 211, LAKEWOOD, OH 44107				
28. Part I. Enter the disease, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Type or print in permanent blue or black ink.				
Immediate Cause (Final disease or condition resulting in death)	a. CARDIO RESPIRATORY FAILURE		Approximate Interval: Onset and Death 8 Hrs	
Sequentially list conditions, if any, leading to Immediate cause.	b. Due to (or as Consequence of) SEPSIS		8 Hrs	
Enter Underlying Cause (Disease or injury that initiated events resulting in a death)	c. Due to (or as Consequence of)			
d. Due to (or as Consequence of)				
Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.			29a. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	29b. Were Autopsy Findings Available Prior To Completion Of Cause of Death? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Not Applicable
30. Did Tobacco Use Contribute to Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Probably	31. If Female, Pregnancy Status <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		32. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide	<input type="checkbox"/> Homicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined
33a. Date of Injury (Mo/Day/Year)	33b. Time of Injury	33c. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)	33d. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
33e. Location of Injury (Street and Number or Rural Route Number, City or Town, State)				

33f. Describe How Injury Occurred:

33g. If Transportation Injury, Specify:
 Driver/Operator Pedestrian Passenger
 Other